



CITY OF MIAMI GARDENS CDBG-R Energy Efficient Retrofit Program Application

APPLICANT

Last Name _____ First Name _____ Middle Initial: _____

Address _____ Apt # () _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

CO-APPLICANT

Last Name _____ First Name _____ Middle Initial: _____

Relation to Applicant _____

Home Phone: _____ Work Phone: _____

	<u>Applicant</u>	<u>Co-Applicant</u>
Are you the only registered owner of the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you officially disabled, receiving SSI?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a mortgage on the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your mortgage payments current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your Real Estate Taxes paid for all past years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have homeowner's insurance coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property being assisted your primary residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you declared bankruptcy in the last 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a U.S. Citizen or Resident Alien?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you listed as the owner of any other property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

HOUSEHOLD INFORMATION AND ASSETS

Include the names of all household members, including minors.

	Name	Date of Birth	Social Security Number	Relationship to Applicant	Total Cash Value of Assets
1				Applicant	
2					
3					
4					
5					
6					
7					
8					
Total					

TOTAL ANNUAL HOUSEHOLD INCOME

	Name	Wages/ Salaries include Tips, Commission and Bonuses	Benefits, Pensions	Public Assistance	Other Income	Total Annual Income
1						
2						
3						
4						
5						
6						
7						
8						
Total						

I hereby authorize the City of Miami Gardens to verify my past and present employment records, bank statements, stock holdings and any other asset balances that are needed to process this application. I further authorize the City to order consumer credit report and verify other credit information, including past and present landlord references. It is understood that a copy of this form will also serve as authorization. The information obtained here is only used to ascertain your eligibility to receive energy efficient retrofit assistance. This application and any documents collected or completed to support this application will remain property of the City of Miami Gardens.

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83

Print Name of Applicant_____
Signature of Applicant_____
Date_____
Print Name of Co-Applicant_____
Signature of Co-Applicant_____
Date

DISCLOSURE FORM

Please read and initial the following statements as they pertain to the program for which you are applying.

_____The 2009-2010 CDBG-R Energy Efficient Retrofit Program provides assistance to homeowners whose total household income does not exceed 80% of Area Median Income per household size.

Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$37,750	\$43,100	\$48,500	\$53,900	\$58,200	\$62,500	\$66,850	\$71,150

_____Assistance will be provided in a first-come, first-served, first-ready order, with priority being given to the elderly and disabled.

_____The work to be performed will include the installation of insulation only.

_____This is not a beautification program; repairs will not be made for remodeling or renovating purposes.

_____This assistance is provided as a grant with a 3-year recapture provision.

_____Homeowners must be current with their mortgage, real estate taxes and any other debt provided by the City, State or Federal government.

_____To participate, homeowners must have homeowner's insurance coverage.

_____The work will be performed by an insured and licensed contractor selected through a formal bidding process. The lowest responsible bidder will be awarded the project.

_____Homeowners will be required to provide reasonable access to the home throughout the week and during regular business hours to Staff, Inspectors and Contractors.

This program is subject to funding availability. The Department of Community Development reserves the right to modify or terminate this program as it deems necessary. This program is administered utilizing the Housing Program Policies as approved by the City of Miami Gardens Mayor and City Council.

Applicant

Co-Applicant

Date